



**Nevada State Board of Podiatry**  
**1325 Airmotive Way, Suite 175-I**  
**Reno, Nevada 89502 (775)789-2605**

Dear Licensed Podiatrist,

Your license to practice Podiatry in Nevada expires on **October 31, 2015** and must be renewed for the period November 1, 2015-October 31, 2016. Please send in the following information for your license renewal to be processed:

1. Completion of the attached 3 page renewal application.
2. Proof of current CPR certification.
3. A check made out to the NEVADA STATE BOARD OF PODIATRY in the amount of \$400.00.

**Mail completed renewal application information to:**

**Nevada State Board of Podiatry**  
**1325 Airmotive Way, Suite 175-I**  
**Reno, Nevada 89502**

**\*Please use the above address, the P.O. Box is no longer in service.**

IN ORDER FOR YOUR LICENSE RENEWAL TO BE PROCESSED BEFORE THE OCTOBER 31<sup>ST</sup> EXPIRATION DATE, IT IS RECOMMENDED THAT YOU POSTMARK YOUR RENEWAL APPLICATION AND CORRESPONDENCE BY **SEPTEMBER 30, 2015**.

PLEASE BE ADVISED THAT IT IS THE RESPONSIBILITY OF THE PODIATRIC PHYSICIAN TO NOTIFY THE BOARD OF ANY CHANGES IN YOUR CURRENT ADDRESS OR ANY INFORMATION LISTED ON THIS APPLICATION WITHIN 15 DAYS.



# Nevada State Board of Podiatry

1325 Airmotive Way, Suite 175-I Reno, Nevada 89502 (775)789-2605

## **Podiatrist License Renewal Application - Fee \$400.00**

November 1, 2015 through October 31, 2016

**\*Applications will not be processed unless all requested information is provided.**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Office Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred mailing address: \_\_\_\_\_ Home \_\_\_\_\_ Office

Office Telephone Number(s):

\_\_\_\_\_

Alternative Telephone Number(s):

\_\_\_\_\_

Office Fax Number(s):

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List all clinics, corporations or other names you are presently practicing Podiatry under:

\_\_\_\_\_

\_\_\_\_\_

Are you Board Certified? [ ] YES [ ] NO

Certification Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Which Board(s)? \_\_\_\_\_

\_\_\_\_\_

### **Please Note:**

\*Proof of current **CPR** certification must accompany the renewal application **each year**.

\*Per **NRS635.115**, proof of completion of a minimum of 50 hours of **Continuing Medical Education** are due every **even numbered year** with the license renewal. CME's will be due with your license renewal in October of 2016.

1. Since your last application or renewal, have you been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure? ☐ YES ☐ NO

2. Since your last application or renewal, have you had a professional license of any type restricted, suspended, revoked, made probationary or not renewed? ☐ YES ☐ NO

3. Since your last application or renewal, have you been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards? ☐ YES ☐ NO

4. Since your last application or renewal, have you been denied a license or the right to take an examination for licensing by any state, province or country? ☐ YES ☐ NO

5. Since your last application or renewal, have you had any registration, certification, license or privilege to practice podiatric medicine and surgery denied, suspended, revoked or restricted by any state, federal or foreign authority? ☐ YES ☐ NO

6. Since your last application or renewal, have you voluntarily given up any practice privileges, restriction, certification or license to practice podiatric medicine and surgery, or have you agreed to restrict your practice of podiatric medicine and surgery in lieu of or to avoid formal action? ☐ YES ☐ NO

7. Since your last application or renewal, have you had any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability? ☐ YES ☐ NO

8. Since your last application or renewal, have you been convicted of, or pled guilty or nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances? ☐ YES ☐ NO

9. Since your last application or renewal, have you been convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to a misdemeanor, gross misdemeanor, or felony, excluding any violations of traffic laws resulting in fines of \$300.00 or less. ☐ YES ☐ NO

10. Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety? ☐ YES ☐ NO

11. Have you ever applied for a license or received a license to practice as a health professional in any classification under any name other than that on this license form? ☐ YES ☐ NO

***\*If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain an order, agreement, or other disposition may be required.***

12. Can you attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices? ☐ YES ☐ NO

**CHILD SUPPORT INFORMATION**

Please mark the appropriate response. (Failure to mark one of the three will result in denial of the application)

\_\_\_\_\_ I am not subject to a court order for the support of any children.

\_\_\_\_\_ \*I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

***\*Please provide supporting documentation that shows that the child support has been paid in accordance to the court order.***

**NEVADA BUSINESS LICENSE INFORMATION**

*\*please select one option below (This is for data gathering purposes only per SB21)*

☐ I **do NOT** have a Nevada business license number.

☐ I **have** a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: \_\_\_\_\_

The name of the business is: \_\_\_\_\_

MY TIN number is: \_\_\_\_\_

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

**\*\*The Nevada State Board of Podiatry is not the arbiter of determining whether a business license is needed. Information about the Nevada business license can be found on the Secretary of State's website at <http://nvsos.gov/>**

**INTERAGENCY COUNCIL ON VETERANS AFFAIRS DATA GATHERING**

Have you ever served in the military? ☐ Yes ☐ No

List Branch (es): \_\_\_\_\_

Dates of service: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Military Occupation Specialties? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**